

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 24, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Dawghouse Bar, 2050 Cornhusker requesting a class C liquor license.

Ryan Worley, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Ryan Worley was born in Lincoln, Nebraska. He attended the University of Nebraska graduating in 2003.

Ryan Worley employment history is as follows:

2005 - 2008	Assurity Life Insurance	Lincoln, NE.
2005	Schro's Paint	Lincoln, NE.

The required training is to be completed on December 11th 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

Application Fee

- | | | | |
|-------------------------------------|---|---|----------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | Class K Catering license (requires catering application form) | | \$100.00 |

MISCELLANEOUS

Application Fee

Bond Required

- | | | | | |
|--------------------------|---|--|-----------------------------|-----------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | none |
| <input type="checkbox"/> | V | Manufacturer | | |
| <input type="checkbox"/> | | Alcohol & Spirits | \$1,045.00 | \$1,000 minimum |
| <input type="checkbox"/> | | Beer (excluding produced by a craft brewery) | \$145.00 1 to 100 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | | Beer (excluding produced by a craft brewery) | \$245.00 100 to 150 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | | Beer (excluding produced by a craft brewery) | \$395.00 150 to 200 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | | Beer (excluding produced by a craft brewery) | \$545.00 200 to 300 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | | Beer (excluding produced by a craft brewery) | \$695.00 300 to 400 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | | Beer (excluding produced by a craft brewery) | \$745.00 400 to 500 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum |

- ☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Peter Thew

Phone number: 402-474-3300

Firm Name Thew Law Offices

PREMISE INFORMATION

Trade Name (doing business as) DawgHouse Bar

Street Address #1 2050 Cornhusker Highway

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68521

Premise Telephone number 402-742-2111

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Ryan Worley

Street Address #1 1926 Connor Street

Street Address #2 _____

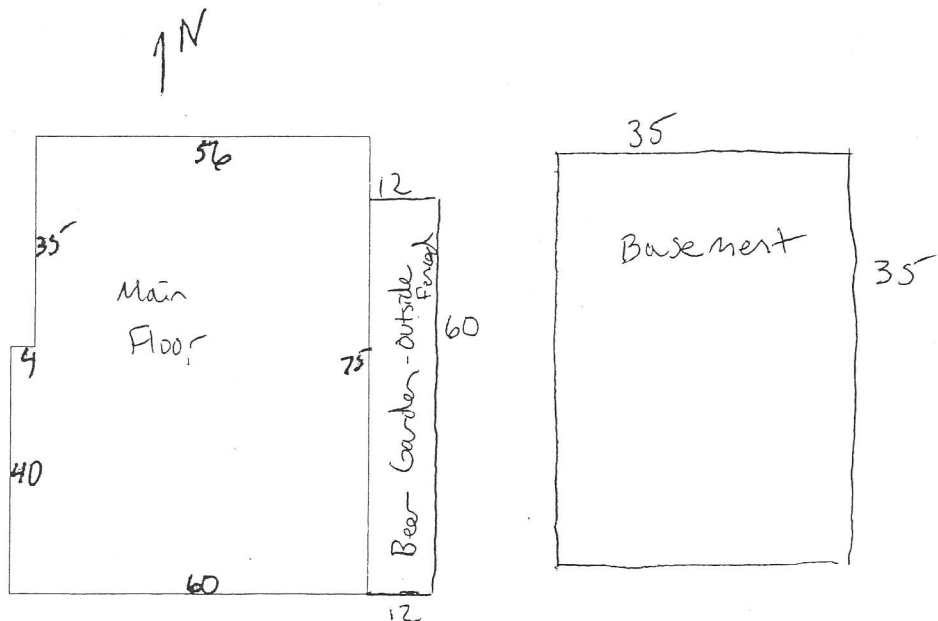
City Lincoln State NE Zip Code 68505

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Single Story Bldg.



one story building approx 60 x 75
including basement area and beer

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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. A charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Ryan Worley, Speeding, Lincoln County, March 2003, TR 03 1374

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender City Bank & Trust

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. Kitchen hood, fixture included in the lease, but owned by Landlord Zan It, Inc.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☐ NO

If yes, explain. Chad Jorgensen owns 20% and Mitch Weber owns 20%

No silent partners

*listed
on
corporation
form
stockholders
only*

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

City Bank & Trust - Ryan Worley

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

training required

will need training

Name:	Date:	Where:
Ryan Worley	07/08-10/08	review & read liquor laws in Nebraska

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date September 30, 2011, plus 3 year renewal option

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? as soon as approved

15. What will be the main nature of business? sports bar

16. What are the anticipated hours of operation? M-F 4p.m.-1a.m. Sat 11 a.m.-1a.m. Sun 11 a.m. - midnight

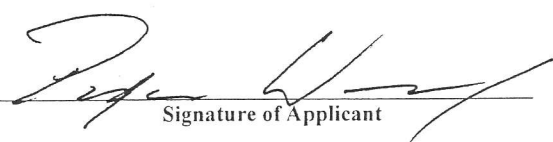
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	1978	2008			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ 
Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

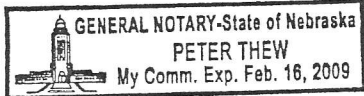
✓ The foregoing instrument was acknowledged before me this 13th October 2008 by

The foregoing instrument was acknowledged before me this _____ by


Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

BL

Corporation/LLC information

Name of Corporation/LLC: DawgHouse, Inc. Bar Inc.

Premise information

Premise License Number: _____

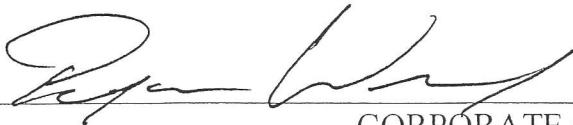
Premise Trade Name/DBA: DawgHouse Bar

Premise Street Address: 2050 Cornhusker Highway

City: Lincoln State: Nebraska Zip Code: 68521

Premise Phone Number: 402-742-2111

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Worley First Name: Ryan MI: D

Home Address (include PO Box if applicable): 1926 Connor Street

City: Lincoln, Nebraska State: Nebraska Zip Code: 68505

Home Phone Number: 402-432-1509 Business Phone Number: 402-742-2111

Social Security Num: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Lincoln, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____

MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln, Nebraska	1978	2008			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2008	Assurity Life Insurance	Heath Fulmer	402-476-6500
2004	2005	Schro's Paint Contracting	Dan Schroder	402-770-5686

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Ryan Worley, Speeding, Lincoln County, March 2003, TR 03 1374

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

Signature of Spouse


State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before
me this 13th October 2008 by _____

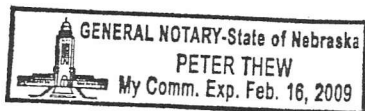
The foregoing instrument was acknowledged before
me this _____ by _____



Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

10/14/2008

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA - DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126- 78 22814

CHILD - NAME FIRST MIDDLE LAST			SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
1. Ryan Daniel Worley			2. Male	3a.		3b. 1:25A M
HOSPITAL - NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
4a. Bryan Memorial Hospital			4b. yes	4c. Lincoln		4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief.				DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER
5a. (Signature) <i>[Signature]</i>				5b. 11/27/78		5c.
CERTIFIER - NAME AND TITLE (Type or print)				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
6a. S. G. Swanson M.D.				6b. 1701 "K" Street Lincoln, Nebraska		
REGISTRAR'S SIGNATURE <i>[Signature]</i> MD				DATE RECEIVED BY REGISTRAR MONTH DAY YEAR		
7a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST				AGE (At time of this birth)		7b. DEC 6 1978
8a. Nancy Leon Story				8b. 27		8c. Lincoln, Nebraska
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)		INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER	
9a. Nebr.	9b. Lancaster	9c. Lincoln 68516		9d. yes	9e. 3736 Wild Briar Lane	
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
10. FATHER - NAME FIRST MIDDLE LAST				AGE (At time of this birth)		CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)
11a. Daniel Thomas Worley				11b. 26		11c. Lincoln, Nebraska
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant)					RELATION TO CHILD	
12a. X Nancy L. Worley					12b. Mother	

OK

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Ryan Worley

Name of Corporation that will hold license as listed on the Articles

DawgHouse, Inc. Bar Inc.

Corporation Address: 2050 Cornhusker Highway

City: Lincoln State: Nebraska Zip Code: 68521

Corporation Phone Number: 402-742-2111 Fax Number: none

Total Number of Corporation Shares Issued: 10000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Worley First Name: Ryan MI: D

Home Address: 1926 Connor Street City: Lincoln

State: Nebraska Zip Code: 68505 Home Phone Number: 402-432-1509

[Signature]
Signature of president

State of Nebraska

County of Lancaster

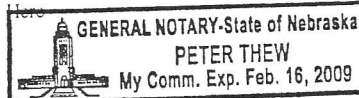
The foregoing instrument was acknowledged before me this

October 13, 2008
date

by Ryan Worley
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Worley First Name: Ryan Worley MI: D

signed

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 6000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

*BC
prints*

Last Name: Jorgensen First Name: Chad MI: R

Social Security Number: _____ Date of Birth: _____

Title: none Number of Shares 2000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

*prints
not required*

Last Name: Weber First Name: Mitch MI: D

Social Security Number: _____ Date of Birth: _____

Title: none Number of Shares 2000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

*prints
not required*

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.